

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-033642

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

8295

318
FILED AUG 22 1963

1003

VS 300 Rev. 4/59	DATE AMENDED	DOCUMENT
1		
2 209		
3		
4 1		
5 0		
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7 0		
8 2		
9		
10		
11		
12 520		
13		
52		MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Barnes Hospital		d. STREET ADDRESS 2134 E. John Ave.	
3. NAME OF DECEASED (Type or print) First LOUISE Middle W. Last FREVERT		4. DATE OF DEATH Month AUGUST Day 11 Year 1963	
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3-18-81
10a. USUAL OCCUPATION (Give kind of work done during last year or if retired) Finisher (ret.)		10b. KIND OF BUSINESS OR INDUSTRY Dress Mfr.	11. BIRTHPLACE (City and state or country) St. Louis, Mo.
13a. FATHER'S NAME Herman Frevert		13b. MOTHER'S MAIDEN NAME Anna Hage	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	
17. INFORMANT Address Miss Emma Frevert, 2134 E. John		14. NAME OF HUSBAND OR WIFE -	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Dissecting hematoma - Aorta</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Arteriosclerotic heart disease</i> DUE TO (c) <i>Aging 420.0</i>		INTERVAL BETWEEN ONSET AND DEATH 12 hours Syst	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <i>December 1956</i> to <i>11/30/63</i> and last saw her alive on <i>8/11/63</i> Death occurred at <i>5:30 pm</i> on the date stated above, and to the best of my knowledge, from the causes stated		22. SIGNATURE (Degree or title) <i>Charles H. Ryman M.D.</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) cremation		23b. DATE 8-15-63	
23c. NAME OF CEMETERY OR CREMATORY Valhalla Crematory		23d. LOCATION (City, town, or county) (State) St. Louis County Mo.	
24. FUNERAL DIRECTOR ADDRESS Drehmann-Harrah, 1905 Union Blvd.		25. DATE RECD. BY LOCAL REG. AUG 15 1963	
26. REGISTRAR'S SIGNATURE <i>Paul Smith M.D.</i>			

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Warren A. Carver

Licensed Embalmer No.

3538

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.